

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO **10772534**
APPLICANT(S)

FILING DATE **2-5-04**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL	20					

CLAIMS								
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TOTAL IND.	←		←		←			
TOTAL DEP.	←		←		←			
TOTAL	←		←		←			